



TOWN OF CLYDE: FLOOD INSURANCE ON-RAMP PROGRAM

FUNDING NOTICE + PROPERTY OWNER APPLICATION

Date of Posting: October 19, 2026

Application Submission Due Date: November 16, 2026 (5:00pm EST)

Anticipated Notification of Award Date: December 14, 2026 (no later than)

Application Instructions: Please: (1) print and fill out this application and a copy of the Haywood County Tax Card for your property, and (2) submit to Joy Garland at Clyde's Town Hall (8437 Carolina Blvd, Clyde, NC 28721) on or by the Application Submission Due Date (November 16, 2026 at 5:00pm EST).

Application Assistance: Need help completing this application? The Town will host an optional question and answer (Q&A) session on November 11th from 4:00pm EST - 6:00pm EST at Town Hall).

Program Contact: Joy Garland (joy.garland@townofclyde.com)

ABOUT THE FLOOD INSURANCE ON-RAMP PROGRAM

The Town of Clyde Flood Insurance On-Ramp Program is intended to assist eligible property owners participating in the Town's FEMA Hazard Mitigation Grant Program (HMGP) Downtown Elevation project with eligible flood insurance premiums and, where applicable, temporary relocation expenses directly associated with HMGP construction.

This is a reimbursement program. Approved applicants will be assigned a maximum program award, but funds will only be disbursed after eligible expenses are incurred and documented. Requests for Reimbursement (RFRs) may be submitted to the Town on a quarterly basis during the approved Program period.

Participation in the program does not guarantee reimbursement of all costs. Reimbursements are subject to program eligibility requirements, available funding, approved award limits, and documentation of eligible expenses.

SECTION 1. APPLICANT AND PROPERTY INFORMATION

Please fill out the following information:

i. Applicant / Property Owner Name:

ii. Business Name, if applicable:

iii. Property Address / Unit:

iv. Parcel Number (please refer to Haywood County Tax Records / Online GIS):

v. Current Property Use (select one):

- ☐ Business / Retail
- ☐ Residential
- ☐ Mixed Use
- ☐ Storage
- ☐ Vacant
- ☐ Other:

vi. Is the property listed above currently included in the FEMA HMGP Downtown Elevation project?

- ☐ Yes
- ☐ No

SECTION 2. FLOOD INSURANCE ASSISTANCE

Flood insurance assistance is available to eligible properties included in the Town's FEMA HMGP Downtown Elevation project. Program funding levels are based on the current **Building Replacement Value (BRV)** identified through Haywood County property records. BRV is used only to establish the applicable program funding tier and does not establish the amount of flood insurance coverage that an applicant may ultimately be required or desire to obtain.

Please check the applicable category:

☐ **Tier A: BRV less than \$100,000**

Maximum Flood Insurance Assistance: up to \$7,500

☐ **Tier B: BRV equal to or greater than \$100,000**

Maximum Flood Insurance Assistance: up to \$10,000

Note: the BRV can be viewed on the Haywood County Tax Card for your property. Tax cards can be viewed / downloaded from the Haywood County Online GIS website by either typing in your property address or selecting the parcel from the interactive map.

The Town will verify the applicable BRV and funding tier prior to approving an award. Where multiple property units are included within a single tax parcel or tax record, the Town may determine an appropriate unit-level BRV allocation.

Eligible flood insurance reimbursements may include approved flood insurance premiums and policy-related charges associated with the participating property/unit.

RFRs for flood insurance assistance may be submitted at any point after substantial completion of the HMGP Downtown Elevation construction scope of work is reached at your property.

SECTION 3. TEMPORARY RELOCATION ASSISTANCE

Applicants may also request up to \$1,500 per participating property/unit for eligible temporary relocation expenses directly caused by HMGP construction. To qualify, both of the criteria listed below must apply to your property.

Please check the boxes below as/if they apply to your property:

- ☐ The property/unit is currently occupied or actively used for a business, retail, residential, or other active use (at the date of this application posting) and is not vacant or used primarily for storage; and
- ☐ HMGP construction is expected to cause temporary displacement, loss of access, utility interruption, or temporary suspension of occupancy/use.

If requesting Temporary Relocation Assistance, briefly describe the anticipated construction-related displacement or relocation need in the box provided below:

Temporary Relocation Assistance Requested (Maximum: \$1,500): \$ _____

Eligible relocation costs may include reasonable and documented expenses directly associated with HMGP construction-related displacement (e.g., temporary storage units, moving company fees, etc.). Broader disaster-related displacement expenses incurred before or independent of HMGP construction are not eligible under this program.

RFRs for temporary relocation assistance may be submitted at any point after this program's award notice is provided for your property.

SECTION 4. TOTAL PROGRAM FUNDING REQUEST

Please fill out the following information:

- i. Flood Insurance Assistance Requested (per Section 2): \$ _____
- ii. Temporary Relocation Assistance Requested (per Section 3): \$ _____
- iii. Total Program Assistance Requested (Section 2 subtotal + Section 3 subtotal): \$ _____

The Town reserves the right to approve an amount below the maximum requested or otherwise limit reimbursements based on Program requirements and available funding.

SECTION 5. REIMBURSEMENT PROCESS

This program operates on a reimbursement basis. After receiving an approved program award, applicants may submit Requests for Reimbursement (RFRs) on a quarterly basis for eligible expenses that have already been incurred and paid.

RFRs can be submitted to the Town on or by: **January 15th, April 15th, July 15th, and October 15th** of each year the program is active. The Town will plan to review and process payments for eligible reimbursements within two (2) weeks of each quarterly due date for RFRs.

Each RFR must include documentation sufficient to verify the expense, which shall include, at minimum, the following:

- i. Proof of flood insurance policy (e.g., policy declaration, renewal notice, etc.)
- ii. Proof of flood insurance premium payment (e.g., canceled checks, bank/credit card records, etc.); and
- iii. Proof temporary relocation expenditures / payments (e.g., receipts, invoices, bank/credit card records, etc.), if applicable

The Town may request additional information, as reasonable and necessary, to verify eligibility.

Note: Applicants are not required to submit all anticipated future expenses at the time of application. Reimbursements will continue until the applicant's approved award balance is exhausted or the applicable program reimbursement period ends, whichever occurs first. Applicants will receive a RFR template form at the time of award notification.

SECTION 6. PROGRAM PERIOD

The maximum reimbursement period for an approved property/unit is **five (5) years** from the anticipated application award date, subject to applicable funding-source requirements and expenditure deadlines (anticipated final RFR deadline: December 15, 2031). Any unused portion of an approved award remaining at the end of the applicable program period will return to the program funding pool and will not be paid directly to the applicant.

Note: Should a property transfer ownership during the eligible program period, any remaining program balance associated with the property may be transferred to a successor owner subject to Town approval, execution of any required successor documentation, and applicable program/funder requirements.

SECTION 7. OTHER ASSISTANCE / DUPLICATION OF BENEFITS

Applicants must disclose any other insurance proceeds, grants, donations, reimbursements, or financial assistance received or expected for the same expense. Program funds may not duplicate payment for an expense that has already been paid by another source.

Other Assistance Received or Pending for the Same Expenses (**please check the applicable category**):

- ☐ None
- ☐ Yes (if duplication of benefits may apply, please describe the source, amount, and purpose of duplicative funds):

SECTION 8. APPLICANT CERTIFICATION

By signing below, I certify that:

The information provided in this application is true and complete to the best of my knowledge;

I understand that submission of this application does not guarantee funding;

I understand that this is a reimbursement program and that eligible expenses must generally be incurred and paid before reimbursement is requested;

I understand that RFRs may be submitted on a quarterly basis and must include adequate proof of payment and supporting documentation;

I understand that program reimbursements may not exceed my approved award amount;
I agree to disclose other assistance received for the same expenses;

I understand that duplicate, ineligible, unsupported, or improperly reimbursed expenses may be denied reimbursement and/or require repayment of previously reimbursed funds; and

I understand that program records may be subject to audit, accounting, and applicable North Carolina public-records requirements.

Applicant Signature:

Printed Name:

Date: